



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

\*BIBDATASHEET\*

CONFIRMATION NO. 6004

Bib Data Sheet

SERIAL NUMBER 10/639,557	FILING DATE 08/12/2003  RULE	CLASS 166	GROUP ART UNIT 3672	ATTORNEY DOCKET NO. 104-30396						
<p>APPLICANTS</p> <p>Floyd D. Ireland, Quito, ECUADOR; Janislene S. Ferreira, Rio de Janeiro, BRAZIL;</p> <p>** CONTINUING DATA ***** This appln claims benefit of 60/405,272 08/22/2002</p> <p>** FOREIGN APPLICATIONS ***** <i>None</i></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/08/2003</p>										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		STATE OR COUNTRY ECUADOR	SHEETS DRAWING 1	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4					
<p>ADDRESS</p> <p>James E. Bradley BRACEWELL &amp; PATTERSON, LLP P.O. Box 61389 Houston, TX 77208-1389</p>										
<p>TITLE</p> <p>Well pump capsule</p>										
FILING FEE  RECEIVED 906	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees ( Filing )										
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )										
<input type="checkbox"/> 1.18 Fees ( Issue )										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										